



Clark County Department of Building

Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

Permit By Inspection - Application

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention Email: permits@ClarkCountyNV.gov

\$75 minimum fee is due at time of submittal. Additional fees may be required depending on square footage and event timeframe. Fee is payable in exact cash, check or money order (drawn on a US bank in US Funds), or a Fire Prevention escrow account.

Note: All checks must be made payable to CCDB-Fire Prevention Bureau.

Submittal Date: _____ **Payment Type:** ☐ Cash ☐ Check or Escrow Account #: _____
(Please check one)

This submittal is for a Temporary Assembly (FEPI) of up to 500 persons that has exit capacity for at least twice the number of attendees per the Permit by Inspection guideline.

Square Footage: _____ **Number of Attendees:** _____

PERMIT INFORMATION

Plans: ☐ New ☐ Revision **Application # (If applicable):** _____
(Please check one) **Note: If plan is a revision or a correction then the original application number must be provided.**

Expedite: ☐ Yes or ☐ No **Municipal Project/Property:** ☐ Yes or ☐ No **APN:** _____

Venue Address: _____ **Bldg-Suite#:** _____

Name of Venue: _____

Exact Location within Venue: _____
(i.e.: Name of ballroom, hall or parking lot location)

Name of Event: _____

Event Move-In Date: _____ **Event Move-Out Date:** _____

***** Date & Time Event Will Be Set Up For Inspection:** _____ ☐ AM or ☐ PM ***
Check one

Inspection Contact Name: _____ **Cell Phone #:** _____

Inspection Contact Email Address: _____

***** Normal business hours and work days are Monday through Friday, 7:00 AM through 5:00 PM. *****

***** If the date and/or time for the event set up inspection are outside of normal business hours, an overtime inspection must be requested. *****

***** Saturday and Sunday inspections are performed after 4:00 PM. An overtime inspection must be requested if needed before 4:00 PM *****

APPLICANT INFORMATION

Submitting Company Name: _____

Mailing Address: _____ **Bldg-Suite #:** _____

City, State, Country, Zip Code: _____

Company E-mail Address: _____

Company Phone #: _____ **Company Fax #:** _____

Applicant Phone #: _____ **Ext:** _____ **Fax #:** _____

Applicant E-Mail Address: _____

Applicant Name and Title

Applicant Signature